## **VEHICLE USAGE JUSTIFICATION**

STD. 276 (REV. 10-96)

RETAIN COMPLETED FORM IN-HOUSE FOR	VEHICLE LICENSE		REPORTING PERIOD	
REFERENCE AND AUDIT UPON DEMAND				
	MILEAGE FOR REPORTING PERIOD		PERCENTAGE OF USE BY PRIMARY OPERATOR	
TO BE COMPLETED FOR ALL VEHICLES NOT IN COMPLIANCE WITH SECTION 4106 OF THE STATE ADMINISTRATIVE MANUAL. Attach copies of Monthly Travel Logs (Form STD. 273) for period covered	NUMBER OF WORKDAYS NUMBER O VEHICLE AVAILABLE VEHICLE U		F WORKDAYS SED	PERCENT OF AVAILABLE DAYS
DEPARTMENT	PRIMARY OPERATOR'S NAME			
DIVISION	TITLE			
OPERATOR'S HEADQUARTERS ADDRESS	HOME ADDRESS			
	E OF USAGE			
What is the justification for vehicle being primarily assigned to this operator? Describer operator's duties	s as they relate to the use of this vehicle.			
Are other means available to meet this need?				
NO YES If yes, why are the other means of transportation not utilized	d?			
DEPARTM	IENTAL ACTION			
Departmental Pool General Services Pool				
	To different primary assignment	ent which will bett	ter utilize vehicle	
Other				
SUBMITTED BY PRINT OR TYPE NAME	TELEPHONE NUMBER			DATE
PRINT OR TYPE NAME	DATE			